FOR BINDING

IARGIN RESERVED

V. S. No. 1

County Cecil Registration Dist. No. 972	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12061
Village of treaddence in city or town where death occurred	County Cecil	92
(a) Residence: No. (b) Clustiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (switch the word) 5. SIMBLE, MARRIED, WIDOWED, OR DIVORCED (switch the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days II LESS (han in in Periocypal Causes of Importance with a stated above, at 1 05 m.m. 1. AGE Years Month Days II LESS (han in Periocypal Causes of Importance with a stated above, at 1 05 m.m. 1. AGE Years Month Days II LESS (han in Periocypal Causes of Importance with a stated above, at 1 05 m.m. The Periocypal Causes of Death and related causes of Importance with a stated above, at 1 05 m.m. Date of over done, as SIR MR. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKK	Village of City Colors	NoSt.; Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(State or country) (a) Residence: No. (Usualplace of abode) (Usualplace of abode) St., Ward. (B nonresident give city or fown and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month)		ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word) Warried William of word done, as SPINNER, And Office word of wor	2. FULL NAME George 13 Barr	
3. SEX Make 4. COLOR OR RACE OR DIVORCED (write the word) Thanking, widowed, pr divorced (Month) (Day) (Year) 22. DATE OF DEATH (Month) (Day) (Year) 23. If HEREBY CERTIFY. That attended decessed from (Nonth) (Oay) (Year) 24. DATE OF BIRTH (month, day, and year) 5. AGE Year Month Days If LESS Ann		
Male white OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSSAND of (A) will ed (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5.9. If married, widowed, or divorced HUSBAND of HUSBAN	Mal. (OR DIVORCED (write the word)	Dec 2 3 1933
6. DATE OF BIRTH (month, day, and year) % 23 /867 7. AGE Years Month Days If LESS shan I day, min. 8. Trede, profession, or particular side of work done, as SPINNER, Day Formation of the date stated above, at / OSA m. 10 I last saw bd. elive on 19. 3 death is said to have occurred on the date stated above, at / OSA m. 11 Abril The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows work wes done, as SPINNER, Day and the work wes done, as SPINNER, Double of the work wes done, as SPINNER, Double of the work wes done, as SPINNER, Double of the date stated above, at / OSA m. 12. BIRTHPLACE (city or town) Spantin this y corupation work wes done, as SPINNER, Date of the work wes done, as SPINNER, Double of the work wes done, as SPINNER, Double of the work west done to external causes (VIOLENCE) fill in also the following: 12. BIRTHPLACE (city or town) SPINNER, Double of the work was due to external causes (VIOLENCE) fill in also the following: 13. MADE NAME Place (city or town) SPINNER, Double of the work west done to external causes (VIOLENCE) fill in also the following: 14. BIRTHPLACE (city or town) SPINNER, Double of the work west done to external causes (VIOLENCE) fill in also the following: 15. BIRTHPLACE (city or town) SPINNER, Double of the work west done to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) SPINNER, Double of the work west done to external causes (VIOLENCE) fill in also the following:	5a. If married, widowed, or divorced (C B	
6. DATE OF BIRTH (month, day, and year) 3/2 / 86 7 7. AGE Years Month Days If LESS then I day, hrs. of min. 8. Trade, profession, or particular kind of work done, as SPINRR. Day SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work wes done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work wes done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work wes done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work wes done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work wes done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work was done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Indivity or Dusiness in which work was done, as SILK MILL, State Road SAWYER, BOOKKEPPER, etc. 9. Individual Road Sawyer and State Road Sawyer as Individual Road Sawyer as Individual Sawyer and State Road Sawyer and Sawyer and State Road Sawyer and Saw	(or) WIFE of	Liet i i i i i i i i i i i i i i i i i i
Tage Years Months Days If LESS Ahan I day. hrs. or min. 8 Trede, profession, or particular kind of work done, as SPINNER, Day Follows: 9 Industry or business in which work was done as SPINNER, Day Follows: 10 Date deceased last worked at this occupation (month and / 9 3) Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and / 9 3) Spant in this year) 12. BIRTHPLACE (city or town) State or country) Other Contributory Causes of Importance: 14. BIRTHPLACE (city or town) State or country) Name of operation. Date of (State or country) What test confirmed diagnosis? Was there an auropsy? 15. MAIDEN NAME House of Injury what the diagnosis of Inpurity occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Manner of Injury Nature of	C DATE OF PIPTH (month day and year) Oh 23 /867	4
8. Trede, profession, or particular kind of work done, as SPINNER, Day Labora kind of work done, as SPINNER, Day Labora SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at Act / 11. Total time (years) spanit in this occupation (month and / 6 33) spanit in this occupation (month and / 6 33) spanit in this occupation (month) 12. BIRTHPLACE (city or town) Saltward 13. NAME Labora Same Same Same Same Same Same Same Sam	V. DATE OF BIRTH (MONTH, Cay, and year)	10550
8. Trede, profession, or particular kind of work done as SPINNER, Day Johnson SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done as SILK MILL, SAW MILL, SA	10.10	word on follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Other Coutributory Causes of Importence:	8 Trade profession or particular	O ate of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Other Coutributory Causes of Importence:	SAWYER, BOOKKEEPER, etc.	Thomas Intended haplants:
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(State or country) 13. NAME	12 REPTHPLACE (city or town) Placewore	Other Contributory Causes of Importence:
What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Slasy ow (State or country) 17. INFORMANT Share Shar		
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Where did injury occur? 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Section (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
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17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury	1 (State of Country)	(Specify city or town, county and State)
Place Bethel Current Date Dec 26, 19 33 Nature of injury	17. INFORMANIZER	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
24 (AP 44 individual and a second a second and a second and a second and a second and a second a		Manner of injury
19. UNDERTAKER 24. Was disease or injury In any way related to occupetion of deceased?	Place Date Date 19 3	Nature of injury
(Address) Ektory 224 If so, specify		
20. FILED 12/26 , 19 37 Janus (Pray (Signed) Herbert Dolor M. 1 Registrar. (Aldress) Reflect and		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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FOR

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RUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	The state of the s	Example II	
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PULL ATT T. S. II.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

OCCUPA. should

of

STATE OF MARYLAND-	CERTIFICATE OF DEATH 1206!
1. PLACE OF DEATH	10
County Ceril	Registration Dist. No. 92
Village or City Celeton	no Union I taketal St. Ward
(I Length of rasidence in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give it NAME instead of street and number) sds. How long in U.S. if of foreign bith?yrsmosds.
2. FULL NAME GLOGGE Cooker	5151510.5151515
(a) Residence: No. Cel Seton, Lud	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Black Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Rachel Cooker	22. I HEREBY CERTIFY, That I attanded decaased from DSC: 4 1933 to DSC 4 2 19 3 3
6. DATE OF BIRTH (month, day, and year) 7 - 10 - 1888	I last saw h in alive on D Se 4 a , 1931; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at Lo. 4.5.m.
45 4 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causar importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Faum Salvarer SAWYER, BOOKKEEPER, etc.	Loter Preum crea
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month and	
10. Date dacaased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) (Stata or country) Maulloud	Other Contributory Causes of importance:
	-
13. NAME Kit Cooker 14. BIRTHPLACE (city or town) (Stata or country) Marcela	Name of operation Date of
W 15, MAIDEN NAME RASIS Bledd	What test confirmed diagnosis?
15. MAIDEN NAME Casil Sledd 16. BIRTHPLACE (city or town) (Stata or country)	23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
17. INFORMANT	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL A	Mannay of injury
Place Cecilton Cemetagate 12 - 1 ,19 33	Manner of injury Natura of injury
19. UNDERTAKER John J. Coppage (Addrass) (sciltor md)	24. Was disease or injury in any way ralated to occupation of deceased?
(/ / / / / /	(Signed) Hear / Collegerora V.

12065

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1	fo. 1	-	M	ARGIN	RES	ERVE	DH	OR BI	MARGIN RESERVED FOR BINDING		X	N.	
I. B.	I. BWRITE PLAINLY, WEST UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	LAMNLY, V	I WIN	UNFADI	NG IN	K-TH	IIS I	S A PE	RMANENT	r RECOI	3D. Every	item of ir	for-
5	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Id be caref	fully su	pplied.	AGE s	plnous	be st	tated E	XACTL	Y. PH	YSICIANS	splnods	tate
-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	DEATH in	ı plain (terms, so	that in	t may	he pi	roperly	classified.	Exact	statement	of occu	PA-
1	TION is very important. See instructions on back of certificate.	y importan	it. See	instruct	ions on	back	of ce	rtificate.					

1. PLACE OF DEATH		(5.3)	
County			Registration Dist. No. 95
Village or City Lucius	your o	NO	ution, give its NAME instead of street and number)
Length of residence in city or town where			of foreign birth?yrsmos
2. FULL NAME/ Pullary	un Gead d	Jucquen	
(a) Residence: No.	Branca S.	Sk., Ward.	
	(Usua) place of abode)		If nonresident give city or town and State
PERSONAL AND STATIS	TICAL HARTICULARS	MEDICAL C	ERTIFICATE OF DEATH
Ficuale 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	12/27 193 3
a. If married, widowed, or divorced HUSBAND of	A		(Month) (Day) (Year
(or) WIFE of Claron	C. Huyeternek	22. S - HEREB	Y CERTIFY, Thet I attended deceased
DATE OF BIRTH (month, day, and year)	20~ 16-1856	I last saw he 22 aliva on	12 - 21 193 3 death is
AGE Yaars Months	Oays If LESS than	to heve occurred on the date state	ed above, at 4 a.m.
77 /	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related ceuses of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife	Coare	emorna Date of o
9. Industry or business in which work wes dona, as SILK MILL,	7	CA	COOC J
SAW MILL, BANK, etc	•	the Gil	relación la
10. Data deceased last worked at this occupation (month and yaar)	11. Totel tima (years) spent in this occupation	aur	Lect Cachofu
2. BIRTHPLACE (city or town) Mechan	ien Valley	Other Contributory Causes of imp	
(State or country)	alab mi	1 9 (10 0/1 1 01	sknown. Organ, or tissue,
13. NAME Halden	Read-	1	nated i unknown. No further
13. NAME Haldew 14. BIRTHPLACE (city or town)	t. Gast	information. Control	
(Stata or country)	and		peration. Date of
15. MAIOEN NAME	asushan		Was there an autopsy?
81	VI.	1	usas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	ann gul		Oate of Injury, 19
1.011		Where did Injury occur?	(Specify city or town, county and State)
7. INFORMANT THUM	queau	Specify whether injury occurred I	n INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 8. BURIAL, CREMATION, OR REMOVAL	ville kia		
Plated est folder dans	Marie LORG 30, 193	Manner of Injury	
O. UNDERTAKER LE JYS	ni,	24. Was disease or injury In any w	vay ralated to occupation of deceased?
(Address)	r sugi	If so, specify	
0. FILED 12-29 1933 U		(Signad)	onto check
1	Registrar.	(Address)	and Que. m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUZEAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. should state

	CERTIFICATE OF DEATH 12067
1. PLACE OF DEATH	98)
County Cecil	Registration Dist. No. 95
Village or City Rismasum	No. St Warr
Length of residence in city or town where deeth occurred Af-Oyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrs
2. FULL NAME agnes of wan	
(a) Residence: No. A Wr. Resume Sime (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DZC. 193-3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Comos 5. Evans	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) august 10 th 86.	Vlast saw h & alive on Dre 18 ,1935; death is sain
7. AGE , Years Months Deys If LESS then	to heve occurred on the date stated above, et / 3
68 4 9 fday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	history of a Caregornes Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc.	of ruch Aut
kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (doubt and	
1D. Date deceased last worked at this occupation (nonth and year)	
12. BIRTHPLACE (city or town) Lower Chausford (State or country) york Co. Pas.	Other Contributory Causes of importance:
13. NAME Golm Josh	
13. NAME Gold Josh 14. BIRTHPLACE (city or town) english (State or country)	Name of operetion Dete of
	Whet test confirmed diegnosis? Was there en au'opsy?
# 15. MAIDEN NAME Martha Cinarlus	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME Mattha andrews 16. BIRTHPLACE (city or town) unform	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Pellesca 2. Turke (Address) Pisingsun: Wd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceWest Notten glass Date Dec 21, 1933	Nature of injury
Le There	
19. UNDERTAKER C.	24. Wes diseese or injury In any way related to occupation of deceased?
(numeros) / occurs occurs /// e	If so, specify

20, FILED CA Registrar. State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago TO A SECURITION ASSETS Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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12068

1. PLACE OF DEATH			92-0		
County Cecil				Registration Dist. No.	92
Village or City			No. death occurred in a hospital or institution ds. How long in U.S. if of	tion, give its NAME instead of street	
2. FULL NAME A	rthur Ha	rvev			
	hilds		St., Ward.		
(a) Residence: NoC	(Usual place	of abode)	_ St., Wale.	If nonresident give city or tow	vn and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEAT	ТН
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D. (write the word)	21. DATE OF DEATH	ee 19 (Month) (Day)	. 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Agusta Wo	rk Hary	ey	22. A CHEREBY	CERTIFY. That I att	
6. DATE OF BIRTH (month, day, and year)	August 2	24. 1933	last saw h em alive on	Dec 26 1	death Is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date state	ed above, at 100 m.	
71 3	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes of importance	,
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retire Miller		angus	e pectoris	Date of onset
Mondustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			-		
10. Data deceased last worked at this occupation (month and 191 year)	- U Spe	time (yaars) 40 entin this upation			
12. BIRTHPLACE (city or town) Balt (State or country)	imore, l	vd.	Other Contributory Causes of Impe Chronic Ca Delatation	docardition of aorta	(?)
🖺 13. NAME Dani	iel Harve	ev			
14. BIRTHPLACE (city or town) Chil (Stata or country) Md.	ds		Nama of oparation What test confirmed diagnosis?	V 11	te of
# 15. MAIDEN NAME Cath	nerine An	rthur		uses (VIOLENCE) fill in also tha fo	
15. MAIDEN NAME Cath 16. BIRTHPLACE (city or town) Balt (State or country) Md	imore			Data of injury_	-
17. INFORMANT Agust (Address) Child	a Harvey	r		(Specify city or town, county as n INDUSTRY, In HOME, or in PUBL	nd State) LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL		23, 1933	Manner of injury		
19. UNDERTAKER USE OF OTHER	h East	und.	24. Was disease or injury in any w	vay related to occupation of decease	ed? No
20. FILED 122 22, 19.3.3.	Frank	Jazzy/	(Signad) A e (Address)	Morrison Red	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ω,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 M. TION is

20. FILED 21

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shor	OF	TION is very important. See instructions on back of certificate.
ion	USE	N
mat	CA	TIC
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12069
1. PLACE OF DEATH	46)
County Cerce	Registration Dist. No.
Village or City Charles Lune	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Mrs. Mary E. Y.	eisler
(a) Residence: No. Charles limit (Usual placed a Dode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of Divorced (write the word)	21. DATE OF DEATH (Month) (Year) (Year)
a) If married, widowed, or divorced HUSBAND of (or) WIFE of Accord M. Pleasler	22. I HEREBY CERTIFY, That I attended deceased from 19.33, to Lece 22, 19.33
6. DATE OF BIRTH (month, day, and year) Sept. 21, 1816	I last sawh es alve on Lee 22, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
SH 3 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Wrennie & Demail
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	wing ye
SAW MILL, BANK, etc	7
this occupation (month and year)	0
Harle O Co	Other Contributory Causes of importance:
(State or country)	There
13. NAME Pharles Harward	
13. NAME Anles Haward 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy? \
15. MAIDEN NAME Sydney Horris. 16. BIRTHPLACE (city or town) Haryard Co.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Along Class Cash Date 1936 24, 1933	Nature of injury.
19. UNDERTAKER Howard K Melon a. (Address) Hong golph. Ma	24. Was disease or Injury In any way related to occupation of deceased? If so, specify
1 1 1 2 1 2 1 1 1 1	- U

(Address)

Registrar.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*		Cavidos	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	92-03
County Cleek	Registration Dist. No. 9-3-2
Village or City Pravedence	No. St., Ward
Length of residence in city or town where death occurred #0 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Decepanie / S	illyand
(a) Residence: No. 125 Cellon med,	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D(VORCED (write the word)	21. DATE OF DEATH DEC 20 ,1933 (Year)
5a. If married, widowed, or diverced HUSBAND of COON WIFE OF Lawra Neelegard	22. JOHEREBY CERTIFY. That I attended deceased from 1931 to DEC 20 1933
6. DATE OF BIRTH (month, day, and year) Openie 12-1866	I lost saw h im aliva on Dec 10, 1983; doath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 5-30-m.
67 8 8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Chronic endocardeles.
Q 19, Industry or business in which work was done, as SILK MILK.	and antic valves ?
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Menungana (State or country)	
E O	Nama of oparation. Data of
14. BIRTHPLACE (city or town)	Nama of oparation
15. MAIDEN NAME Mulleut Boom	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mulleut Boscon 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury, 15
17. INFORMANT NOY Pal Deelyard	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Lekton ma, Ros	
Place Reining Seel Cew Date Dec 73-1953	Manner of injury
19. UNDERTAKER O. D. Obernathy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Kelslen myd,	If so, specify
20. FILED Sc 21, 1933 & Fank haver	(Signed) A. Morrison M. D.
gistrar.	(Address) Classical Huch

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(000)
County Coccel	Registration Dist. No. 92
Village or City near Elkton	Np. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tronge Ivory	
(a) Residence: No. M. F.D. #2 Elkton	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colored single	(Month) (Dey) (Year)
Sa. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1863 .	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) no information	I lest saw h; death is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date steted above, at 12.41. m.
about 70 lideyhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, farm laborer SAWYER, BOOKKEPER, etc.	old age and excessive cold 17/15/33
9. Industry or businoss in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and / 1/1/33 spent in this occupation (coupation for the spent in	
12. BIRTHPLACE (city or town) Frenchtzung	Other Contributory Causes of Importance:
(State or country) Moryland	
13. NAME Somas Surry.	
14. BIRTHPLACE (city or town) Town topon	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME arramenta meilson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Secta Juny (Address) Welminston Del M. 1976 St. 120	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placof Thomas Date Dec 19,1933	Nature of injury
211100:11:	
19. UNDERTAKER AT COLORES (Address) Electron Ind	24. Was disease or injury in any way related to occupetion of deceased?
(nauros) 24 1 7	If so, specify I hother Traser Coroner
20. FILEDING 19. 1937 & frank frager	(Signed) I willing Stages Coroners.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU w			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		82-2	014
County Cecil		Registration Dist. No. 93	
Village or City Provider	uls	NoSt.,	Ward
Langth of residence in city or town whera death 2. FULL NAME Samuel		death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
(a) Residence: No. & Llb.lum((Usual place of abode)	St., Ward. If nonresident give city or lown and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowe	21. DATE OF DEATH Que 13 (Month) (Day)	, 193 3 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WHE of ENTING	Murphy		., 19 33
. AGE Years Months	5 3 185 7 Days II LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
8. Trada, profession, or particular	ormin.	wera as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	perMill 11. Total tima (years)	Cerebral heworkage	Dec 19.
this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country)	spent in this occupation aut fill	Other Contributory Causes of Importance: Atteris - relarion	>
13. NAME Pubert Log 14. BIRTHPLACE (city or town) (State or country)	mland	Name of operation	-
15. MAIDEN NAME Carolina 16. BIRTHPLACE (city or town)	d Say los	23. If death was due to external causes (VIOLENCE) fill in also the following	
16, BIRTHPLACE (city or town)	J	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) (7. INFORMANT MAD Mami (Addrass) (Addrass)	e Wilson	Whera did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL Place North East W. & County	try Dic 16, 19.3	Manner of injury	
19. UNDERTAKER Joseph R & Caddress)	act had	24. Was disease or injury in any wey related to occupation of deceased?	ur
20, FILED DES (C , 19 35 R ,	S. Greens	(Signed Pallace m Shuron (Address) noutant	M.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	940	July 5,1927	Peritonitis	3 days ago
	and a second			
Other contributory causes of import	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

V. S. No. 1

1. PLACE OF DEATH

OCC	County Cleck		Registration Dist. No.	7
	Village or City Kelklere		NoSt.,	
0	Length of residence in city or town where d	33	If death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?	
eme	2. FULL NAME MANY	Elizabeet dy	nek	
PHYSICIANS oct statement	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
t H	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	no untractions
Exa	J. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED Supere the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 Y
A A C T L classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	and Lynch	22. Nov (193 to Dec 20	decease
	6. DATE OF BIRTH (month, day, and year 30	reforeolies, 1858	I last saw he walive on Dec 20, 1933	; death
	AAGE Years Months 18	Bayes If LESS than	to have occurred on the date stated above, et 9m.	
stated properl certifica	8. Trade, profession, or perticular	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Oate
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	thred;	4 de tellach	
ould may back	9. Mdustry or business in which work was done, as SILK MILL,	House wife		
n rt	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		
AGE that ions	year)	occupation	Other Coutributory Causes of importance:	
so	12. BIRTHPLACE (city or town) War (State or country)	orgland	-	
plie rms nsti	13. NAME Clico	ilson		
efully supplied in plain terms, ant. See instru	14. BIRTHPLACE (city or town) Cala	mine la la	Name of operationOete of	
plan	(State of country)	Gilles bez.	What test confirmed diagnosis?	
	I	0	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury.	: 19
ld be car DEATH y import	16. BIRTHPLACE (city or lown)	Tylon	Where did injury occur?	
Z D Z	17. INFORMANT MORY LE	erel	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
S E	18. BURIAL, CREMATION, OR REMOVAD	Date Dec, 24, 1933	Manner of injury	
CAUSI TION	19, UNDERTAKEN 1, D. Chur (Address)	nsely	24. Was disease or injury in any wey related to occupation of deceased?	
0	20. FILED Dec 21, 1933 4-	hack Barer	(Signed) 1 Marrison	

STATE OF MARYLAND—CERTIFICATE OF DEATH

yrs. _____ds.

That I ettended deceased from

..... Wes there en autopsy?.....

__ Dete of injury______, 19__

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12074
1. PLACE OF DEATH	9200 - 21
county Coll	Registration Dist_No.
Village or City Lengthelle,	ND. St., Ward
(If Length of residence in city of town where death occurred 20, yrs	death occurred in a horpital or institution, give its NAME instead of street and number)
11/200: a. / Hay	I Ma Warrel
2. FULL NAME WELLIAM FUNC	y mayour
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF THORSED (write the word)	21. DATE OF DEATH See. (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(ar) WHE of Margaret Mc pawel	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, dy, and year March 31, 1907	l last saw h. Am. aliva on A) Le 6, 19 3 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abovo, et 29. m.
26 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER above	Chronic Valvular
A industry or business in which work was done, as SILK MILEGAL RESEARCH	Jee!
	Veart besease 1930
11. Totel time (years) by Data deceased last worked at this occupation (north and year) year) 11. Totel time (years) spant in this occupation occupation	
1 Manual ante	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Yelliam Suranen (State or country) Annurs TCO. Will	acrite Ashalan 1
13. NAME Learn B. Mr. Klamil.	7/ L 1 1/02
14. BIRTHPLACE (city or town) Dances Inarter	Name of acception
(State or country) Somewest Co, Und	Name of operation
15. MAIDEN NAME Lulu Sunhibus	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) & lawes Quarter	Accident, suicide, or homicide? Date of injury 19
(State or country) Someret Co. Will.	Where did injury occur?
17. INFORMANT & H. Mc planiel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Perryulle, Will -	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plate 1 4 4 4 9 4 Cattle Date 1 195 ~	Nature of Injury
19. UNDERTAKER ALL MELLELASUR (Address) Pennyerle Mill.	24. Wes disease or injury in eny way related to occupation of deceased? ?
20. FILED Dec 17 1993 L. F. Janders	(Signed) Magraco M. D.
Registrar. If more blanks are needed, address State Registrar.	(Adgréss)
-, viamo are necucu, auurem state Registrar,	141 11. Chaires Street, Daitimore, Requesting U. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12076
1. PLACE OF DEATH	<u>a</u>
County (Reel	Registration Dist. No.
Village or City Uluin Hapetal Ell	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or Jawn where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
· Bal Ba Ohan	
2. FULL NAME Today Tody Jours	
(a) Residence: No.	St., Ward.
(Usturf place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR 9D RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended decessed from
Dean 1. 12=102	I lest saw h elive on State
6. DATE OF BIRTH (month, dey, end yeer) December 20,1933	10.166
7. AGE Years Months Deys If LESS then 1 day,hrs.	to heve occurred on the date stated ebove, et
0 0 or_Q_min.	were es follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Steelon
9. Industry or business In which	5 - Lastus
work wes done, es SILK MILL, SAW MILL, BANK, etc	minus
O Date decessed lest worked et this occupation (month end spear) this occupation coupation cocupation occupation	- U
11. in Hospital	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lektin (State or country) Lektin	
13. NAME George Ohree 14. BIRTHPLACE (city or town) Delsevare (State or country)	
14. BIRTHPLACE (city or town) Delsevare	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME Miream Caretter	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mureau Carelton 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Stopetal Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cerush Date Dec 21 1933	Manner of injury
13.6	Nature of injury
19. UNDERTAKER 74. White	24. Was diseese or Injury In any way related to occupetion of deceased?
(Address) Eletton Jud	If so, specify
20. FILED DEC 31 , 1937 & Frank Frager	(Signed) M. D.
Registrar,	(Audress)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

19. UNDERTAKER (Address)

20. FILED ...

24. Wes disease or injury in any way related to occupation of deceesed?

If so, specify

(Signed)

Registrar.

(Ardysss)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Neture of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURMAU V.A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEA	STATE OF	OF MARYLAN	D-CERTIFICA	TE OF	DEATI
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P	6	1 .	in,	0
1	2	V	1	O

1. PLACE OF DEATH	940	
County Cerel	Registration Dist. No. 729	3
	No. St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?	ard
2. FULL NAME (1994) 3. Programmes (a) Residence: No. Elk Wills (Usual place of a bode)	St., Ward.	~ ~ ~
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the color of t	21. DATE OF DEATH 22 4 24 193 3	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hileian Riggs	22. 1 HEREBY CERTIFY, That I attandad daceased f	
6. DATE OF BIRTH (month, day, and year) Care 29 - 1876 7. AGE Yaars Months Days If LESS then 1 day,hrs ormin.	I last saw h alive on Dec 4th, 1933; daath is to have occurred on the date stated above, at 6:40 m.	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	coronory thrombosis 12-3	-3
O 16. Date dacaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance: Leworrhay 11-2 orthriv sclarve is 193	2
14. BIRTHPLACE (city or tewn)	Name of operation Data of What test confirmed diagnosis? Was there an aulopsy? Z	-
15. MAIDEN NAME OF CEA ATRIUSCO 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) (Addrass)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Clury Hill Cuntata Dec 8, 1933	Mannar of injury	
19. UNDERTAKER TO TO TOWN ON THE CANADA CAN CANDELL CONTROL OF THE C	24. Was disease or injury in any way related to occupation of decaased? 250	
20. FILED 4-, 1933 for frach faz K. Registrar. If more blanks are needed, address State Registrar.	(Address) The All DEL.	п. р.

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Example I	1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	TEST G NOT	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICAT	E	OF	DEATH
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12079

1. PLACE OF DEATH County Olcil	Registration Dist. No. 95
Village or City Riving Dun R. H.D.	41
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city of town where deeth occurred 40 yrs,m	los,yrsmos
2. FULL NAME Transles Umstrong	Scott
(a) Residence: No. Rusung Sum ((youtplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 3 193 2 (Month) (Day) (Yeer)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yeer) 22. HEREBY CERTIFY, Thet I attanded dacassed from the standard dacassed from t
DATE OF BIRTH (month, day, and yeer) march 1-1861	liast saw huinelive on 11-12, 1933; deeth is s
AGE Yaars Months Days If LESS than	to heve occurred on the data stated above, atm,
72 9 2 1dey,hr	were a follows.
8 Trade profession or particular	panyveaudileo: Date of on
SAWYER, BOOKKEEPER, etc.	- Wronic Duration: sex years Cive
9. Industry or business in which work was dona, es SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date decassad lest worked at this occupation (month and	
this occupation (month and spent in this occupation 50	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Same to Co. Pa.	
13. NAME Samuel Scott	
13. NAME Samuel Scott 14. BIRTHPLACE (city or town)	Name of oparetion Dete of
(State of country) Servers Co. 14.	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Prudence Blackburn	23. If death wes due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pridere Blackburn 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) believe Co. Pa.	Where did injury occur?
7. INFORMANT Mis. mulford Richards (Addrass) Resing Sul, and R. 4.D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Plece Bapust Ja, Date Dec 6, 193.	Nature of injury.
9. UNDERTAKER L. G. Tysen.	24. Was disaase or injuty in eny wey related to occupation of decaesed?
(Address) / weir seen Ind.	If so, specify
20. FILED 12-4 1933 Registrar.	(Signed) (Signed) (Addrass) (Signed) (S
The state of the s	22411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

County CCCIL Village or City ELICTOR No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. How long in U.S.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Electron No. Length of residence in city-oy town where death-occurred	1. PLACE OF DEATH	20)
Length of residence in city-of town where death-occurred		Registration Dist. No.
Length of residence in city or town where death-occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCEL MARRIEL WINGER DEATH (A) ROBORD of a divorced HUSBAND of Compiler Death (B) SI, I married, widowed, or divorced HUSBAND of Compiler Death (B) SI, I married, widowed, or divorced HUSBAND of Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (B) SI, I married, widowed, or particular of the Compiler Death (Silte or country) (Silt	THIOSO OF ONLY	NoSt., Wa
(a) Residence: Nov. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCES (or white the year) Ses. If married, widewed, or divorced or with the year) Ses. If married, widewed, or divorced or with the year or year of the year of the year of year of the year of yea		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWD, OR DIVORCED (emirc the yord) What Leading and year) 5. If married, widowed, or divorced HUSSAND (Month) 6. DATE OF DEATH 1. D	2. FULL NAME forl Juni	ous
3. SEX Male While S. SINGLE, MARRIED, WIDOWED OR DIVORCED Counter the yord) So. If married, widowed, or divorced HUSBAND of (HUSBAND of (Hoonit) (Hoon		
Male While OR DIVORCED (which the yord) Named of Particle, widness, or divorced (Month) 193 (Yoar) 193 (Yoar) 193 (Yoar) 193 (Yoar) 193 (Yoar) 194 (Month) 195 (Month) 195 (Month) 195 (Month) 195 (Month) 196 (Month) 197 (Yoar) 198 (Month) 198 (Yoar) 199 (Yoar) 199 (Yoar) 190 (Month) 190 (Month) 192 (Month) 193 (Yoar) 194 (Month) 195 (Month) 195 (Month) 195 (Month) 196 (Month) 197 (Yoar) 198 (Month) 198 (Yoar) 198 (Month) 198 (Yoar) 198 (Month) 198 (Yoar) 199 (Yoar) 199 (Yoar) 190 (Month) 192 (That I attonded deceased for the Army of the date stated above, at 199 (Month) 194 (Month) 195 (Jeath is sto have occurred on the date stated above, at 199 (Month) 196 (Advise) 198 (Advise) 198 (Advise) 198 (Advise) 198 (Advise) 199 (Month) 190 (Advise) 199 (Month) 190 (Month)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
## 15 BIRTHPLACE (city or town) Signature State or country Signature State or countr	male While OR DIVORCED (write the word)	Dec 27 1933
TAGE Years Months Days If LESS than fdayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wags as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importanc	HUSBAND of	15
8. Trade, profession, or particular kind of work done, as SPINNER, Johnson Particular kind of work done, as SPINNER, Johnson Philips as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Johnson Philips P	6. DATE OF BERTH (month, day, and year) Dec 30 1878	
8. Trade, profession, or particular land of work dome, as SPINNER, Zalone SANYER, BORKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Purply 2000 In the deceased last worked at 2 11. Total time (years) / 0 spant in this year) 12. BIRTHPLACE (city or town). Electron State or country) and Calone State or country and St		
Strade, profession, or particular State of the profession State	34 / / 2 / ormin.	the Parity of Colonia
Solution of the second set of the second	8. Trade, profession, or particular	D. p
Description What test confirmed diagnosis? Was there an au'opsy? What lest confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Description Description Description What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Description Description	SAWYER, BDOKKEEPER, etc.	Julinonary Vatheria
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(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATIDN, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) (State or country) 19. UNDERTAKER (Address) (State or country) 19. UNDERTAKER (Address) (State or country) (State or country) (State or country) (Specify city or town, country and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	year) Occupation Occupation	Dther Coutributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL 18. BURIAL, CREMATION, DR REMOVAL 18. BURIAL, CREMATION, DR REMOVAL 19. UNDERTAKER		**
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Cly a a miller 16. BIRTHPLACE (city or town) (State or country) (State or country) The state of country and state or country (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (State or country) What test confirmed diagnosis? Was there an au'opsy? Accident, suiclde, or homiclde? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Signed) Mass there an au'opsy? Was there an au'opsy? Accident, suiclde, or homiclde? Date of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. If so, specify (Signed) (Signed) (Signed) Manner of injury (Signed) Manner of injury (Signed) (Signed)	(State or country) many carry	
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What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. What test confirmed diagnosis? Was there an au'opsy? 20. FILED 12/30 (Specify at the following: Accident, suicide, or homicide? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was diseaso or injury in any way related to occupation of deceesed? If so, specify (Signed) Was there an au'opsy? Was there an au'opsy? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. If so, specify (Signed) (Signed) Mass there an au'opsy? Accident, suicide, or homicide? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signed) (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed)	14. BIRTHPLACE (city or town) Election	Name of operation Date of
15. MAIDEN NAME Elya a Willer 16. BIRTHPLACE (city or town). Elicon (State or country) way tared 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 12/30 19. 19. 33 21. If death was due to extornel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) M. (Signed)	(State or country) Truey Land	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. U	15. MAIDEN NAME Eliza a miller	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT County and State) 18. BURIAL, CREMATION, DR REMOVAL Place Littory Carnetery Date Dec 30, 1933 19. UNDERTAKER To the foliation of decessed? (Address) 19. UNDERTAKER To the foliation of decessed? (Address) (Signed) (Signed) Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER To the foliation of decessed? (Signed) (Signed) (Signed) M. (Signed) M.	E IS BIOTURI ACC CITY AND SUPERIOR	
17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place Extra Date (Address) 19. UNDERTAKER (Address)	State or country) The Land	
Place Elktori Ceruelary Date Dec 30, 1933 Nature of injury. 19. UNDERTAKER TO Uniform 24. Was diseaso or injury in any way related to occupation of deceesed? (Address) Elktori md (Signed) Hubert Bales M.		(Specify city or town, county and State)
19. UNDERTAKER H. Whitpin 24. Was diseaso or injury in any way related to occupation of deceesed? (Address) Elkton nd If so, specify (Signed) Herbert Bales M.		3
20. FILED 12/30 1973 Baurs Brayer (Signed) Herbert Bate M.		24. Was diseaso or injury in any way related to occupation of deceesed?
	ZU. FILED I	(Signed) Herbert Bate M

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH	181
1. PLACE OF DEATH	(108)	
County Cocil	Registration Dist. No. 92	
Village or City Elletou	No. Union Ho fait all st., f death occurred in a hospital or institution, give its NAME instead of street and numb	- Ward
	sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Edna May Smith		
(a) Residence: No. Elletton (Usual place of abode)	St., Ward. Il nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
B. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) Ten ale Ulute Santied, widowed, or divorced HUSBANO of HUSBANO of	21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY That Lattended dece	(Year)
(or) WIFE of Charles J. Smith	DS2 1 3 , 18 3 , 10 DSC 50,	193.
AGE Years Months Days If LESS than	l lest saw h alive on	ath is sal
40 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7/ /	1
9 Industry or business in which work was done, as SILK MILL.	folder (nemoria	we
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yeer)		
2, BIRTHPLACE (city or town)	Other Coutributory Causes of importance:	
(State or country)		
13. NAME Samuel R. Wheatman 14. BIRTHPLACE (city or town)	e	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country) all author	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME Jennie McCorkle 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
7. INFORMANT Junio Wheating and Del	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, (BEMATION, OR REMOVAL PICE CLE Town Baptis Date Occ 8, 193)	Manner of injury	
9. UNDERTAKER BY A Suinty & ou (Address) Medica fa	24. Was disease or injury in any way related to occupation of deceased?	7
10, FILED TEC 5: 1933 & Track from is	(Signed)	M, C

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	GBVIBOSK	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 12083	
1. PLACE OF DEATH		
County ecil	Registration Dist. No. 92	
Village or City Elkton	No. St., Ward	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. it ot toreign birth?yrsmos,ds.	
2. FULL NAME Marion f. Jo	uug.	
(a) Residence: No. Znacu	St.// Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)	21. DATE OF DEATH Lea 6	
Temale White Single	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBANO ot	22 O LHEBERY CERTIEV That I alterday decreased from	
(or) WIFE ot	22. I HEREBY CERTIFY. That I attended deceased from	
5 DATE OF RIPTH (month dev and veer McLa 10 185-8	Hast sew her elive on Dee 5 1933 deeth is said	
7. AGE Years Months Days It LESS than	to have occurred on the date steted above, at 1230 A.m.	
75 8 2,6 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence	
8 Trede profession or particular	were es follows: Date of onset	
8. Trede, profession, or particuler kind of work done, as SPINNER, at Horne	Charie Wyse a Aiti	
kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc. 9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month and this conception) in this conception (month and this conception) in the conception (month and this conception) in the conception (month and this conception) is conception.	Chronic Interstitud replinte	
9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.		
yeer) occupetion	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) washing ton		
(Stete or country)	_	
13. NAME Weliam W Jonny		
13. NAME William W form g 14. BIRTHPLACE (city or town) 20 informal form	Neme of operation Dete ot	
(State of County) South Carolina	Whet test confirmed diegnosis? Was there en au'opsy?	
15. MAIDEN NAME NANCHA Wetherill 16. BIRTHPLACE (city or town) Washington	23. It deeth wes due to external ceuses (VIOLENCE) fill in also the tollowing:	
6 16. BIRTHPLACE (city or town) Washington	Accident, suicide, or homicide?Oete ot injury, 19	
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT/My Uma R. Jaggest	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Election mit		
18. BURIAL, CREMATION, OR REMOVAL Plece Electron Cumber Dete Dec 8 1935	Manner of injury	
Priece Company (1920)	Neture of Injury	
19. UNDERTAKER	24. Was disease or injury In any way releted to occupation of deceased?	
(Address) Eleton Jud	If so, specify	
20. FILED DEC 7: 1939 & Fraus Frager	(Signed) M. D.	
Registrar.	(Ardress) Letton and.	

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T V S.			
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			<u> </u>